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RENNES HEALTH CENTER EAST

701 WILLOW STREET

PESHTI GO 54157 Phone: (715) 582-3962 Ownershi p: Corporation Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 136 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 137 Average Daily Census: 125 Number of Residents on 12/31/00: 121

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	27. 3
Supp. Home Care-Personal Care	No					1 - 4 Years	38. 8
Supp. Home Care-Household Services	No	Developmental Disabilities	1.7	Under 65	4. 1	More Than 4 Years	33. 9
Day Services	No	Mental Illness (Org./Psy)	33. 9	65 - 74	9. 1	1	
Respite Care	Yes	Mental Illness (Other)	15. 7	75 - 84	34. 7	1	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.8	85 - 94	43. 8	*************	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	8. 3	Full-Time Equivalen	ıt
Congregate Meals	No	Cancer	4. 1			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	2. 5		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	5.8	65 & 0ver	95. 9		
Transportation	No	Cerebrovascul ar	6. 6			RNs	10. 5
Referral Service	No	Di abetes	2. 5	Sex	%	LPNs	6. 4
Other Services	No	Respi ratory	6. 6			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	19.8	Male	19. 8	Aides & Orderlies	35. 7
Mentally Ill	No			Female	80. 2	1	
Provide Day Programming for			100.0				
Developmentally Disabled	No			l	100. 0		

Method of Reimbursement

		Medi	care		Medi c	ai d											
(Title 18)		((Title 19)			Other P		Private Pay			Manage	Percent					
	Per Diem			em	Per Diem		Per Diem		m	Per Diem			Per Diem Total			Of All	
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	1. 1	\$119. 57	0	0. 0	\$0.00	1	5. 6	\$150.00	0	0. 0	\$0.00	2	1. 7%
Skilled Care	9	100. 0	\$277.66	89	94. 7	\$102.56	0	0. 0	\$0.00	17	94. 4	\$133.00	0	0. 0	\$0.00	115	95. 0%
Intermediate				4	4. 3	\$85. 56	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	4	3. 3%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	9	100. 0		94	100. 0		0	0. 0		18	100.0		0	0. 0		121	100.0%

RENNES HEALTH CENTER EAST

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	ions, Services,	and Activities as of 1	2/31/00
Deaths During Reporting Period							
					% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	10. 3	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	1.4	Bathi ng	2. 5		63. 6	33. 9	121
Other Nursing Homes	2. 1	Dressi ng	5. 8		47. 9	46. 3	121
Acute Care Hospitals	85.6	Transferring	16. 5		63. 6	19. 8	121
Psych. HospMR/DD Facilities	0.0	Toilet Use	12. 4		55. 4	32. 2	121
Rehabilitation Hospitals	0.0	Eati ng	47. 1		31. 4	21. 5	121
Other Locations	0. 7	*************	**********	******	*********	********	******
Total Number of Admissions	146	Continence		%	Special Treat	ments	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	6.6	Receiving R	espi ratory Care	6. 6
Private Home/No Home Health	19. 4	0cc/Freq. Incontiner	nt of Bladder	62. 0	Recei vi ng T	racheostomy Care	0. 8
Private Home/With Home Health	18. 1	0cc/Freq. Incontinen	nt of Bowel	38. 0	Receiving S	ucti oni ng	0.8
Other Nursing Homes	6. 9	1			Receiving 0	stomy Care	0. 8
Acute Care Hospitals	16. 0	Mobility			Recei vi ng T	ube Feedi ng	1. 7
Psych. HospMR/DD Facilities	1.4	Physically Restraine	ed	3. 3	Receiving M	echanically Altered Die	ets 51.2
Rehabilitation Hospitals	0.0						
Other Locations	8.3	Skin Care			Other Residen	t Characteristics	
Deaths	29. 9	With Pressure Sores		4. 1	Have Advanc	e Directives	95. 9
Total Number of Discharges		With Rashes		4. 1	Medi cati ons		
(Including Deaths)	144	I			Receiving P	sychoactive Drugs	56. 2
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		0wn	ershi p:	Bed	Si ze:	Li censure:			
	Thi s	Proj	pri etary	100-	- 199	Ski l	lled	Al l	
	Facility	Peer	Group	Peer Group		Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	91. 2	83. 7	1. 09	86. 4	1.06	87. 0	1. 05	84. 5	1.08
Current Residents from In-County	76. 0	75. 1	1. 01	79.8	0. 95	69. 3	1. 10	77. 5	0. 98
Admissions from In-County, Still Residing	18. 5	18. 7	0. 99	23.8	0. 78	22. 3	0.83	21.5	0.86
Admissions/Average Daily Census	116. 8	152. 8	0. 76	109. 7	1.06	104. 1	1. 12	124. 3	0.94
Discharges/Average Daily Census	115. 2	154. 5	0. 75	112. 2	1.03	105. 4	1.09	126. 1	0. 91
Discharges To Private Residence/Average Daily Census	43. 2	59. 1	0. 73	40. 9	1.06	37. 2	1. 16	49. 9	0.87
Residents Receiving Skilled Care	96. 7	90. 6	1. 07	90. 3	1.07	87. 6	1. 10	83. 3	1. 16
Residents Aged 65 and Older	95. 9	95. 0	1.01	93. 9	1.02	93. 4	1.03	87. 7	1.09
Title 19 (Medicaid) Funded Residents	77. 7	65. 4	1. 19	68. 7	1. 13	70. 7	1. 10	69. 0	1. 13
Private Pay Funded Residents	14. 9	23. 2	0.64	23. 2	0.64	22. 1	0.67	22. 6	0.66
Developmentally Disabled Residents	1. 7	0.8	2. 11	0.8	2. 13	0. 7	2. 32	7. 6	0. 22
Mentally Ill Residents	49. 6	31. 4	1. 58	37. 6	1. 32	37. 4	1. 33	33. 3	1.49
General Medical Service Residents	19. 8	23. 2	0. 85	22. 2	0.89	21. 1	0.94	18. 4	1.08
Impaired ADL (Mean)	57. 2	48. 9	1. 17	49. 5	1. 16	47. 0	1. 22	49. 4	1. 16
Psychological Problems	56. 2	44. 1	1. 28	47. 0	1. 20	49. 6	1. 13	50. 1	1. 12
Nursing Care Required (Mean)	8. 8	6. 5	1. 34	7. 2	1. 22	7. 0	1. 25	7. 2	1. 23